

From: [Laura Bridges](#)
To: [STASHEK LaRee * MHRA](#); [Psychology Board * MHRA](#)
Subject: Public Comment for Proposed Rulemaking for the Behavioral Health and Wellness Practitioner certification
Date: Wednesday, October 21, 2026 2:29:47 PM
Attachments: [image.png](#)

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To Whom It May Concern,

I am submitting comments regarding the proposed rulemaking for the Behavioral Health Wellness Practitioner certification, specifically the Education and Training Requirements in proposed rule 858-060-0020 related to internship placement, supervision, and oversight requirements.

La Clinica, a federally qualified health center in southern Oregon, is deeply committed to developing both our organization's and our community's behavioral health workforce. We serve as a training site for individuals pursuing behavioral health careers through multiple pathways, including supporting employees working toward Qualified Mental Health Associate (QMHA) credentials, hosting master's-level student interns, operating an Integrated Behavioral Health Fellowship that provides post-graduate training in team-based behavioral health care within primary care settings, and finally, supporting master's level Associates in achieving their independent clinical licenses.

Because workforce development is central to our mission, we strongly support the creation of new pathways into the behavioral health profession. However, we are concerned that the internship and supervision requirements proposed for the Behavioral Health Wellness Practitioner certification may create unintended barriers for community-based agencies seeking to provide training opportunities.

I respectfully urge the Board to reconsider both the proposed internship length and the qualifications required for internship supervisors. Specifically, I recommend:

- Reducing the required internship hours to approximately 300 hours.
- Expanding the pool of eligible clinical supervisors to include professionals holding advanced Oregon behavioral health credentials, such as Qualified Mental Health Associate II (QMHA II) and Certified Alcohol and Drug Counselor II (CADC II), in addition to master's-level providers.

Both QMHA II and CADC II are established, advanced behavioral health credentials in Oregon. Allowing these professionals to provide internship supervision for bachelor's level students would expand training capacity and make it more feasible for community agencies to offer placements to students pursuing this certification.

As a community-based provider, we already face challenges recruiting and retaining master's-level clinicians who are available to supervise master's-level interns. The

proposed requirement of a 700-hour internship, combined with a requirement that supervision be provided by a master's-level clinician, creates a significant burden on an already limited supervisory workforce. Given that these expectations appear similar to those commonly required of master's-level training placements, agencies may struggle to support bachelor-level interns while continuing to meet the supervision needs of master's-level trainees.

Without modifications to the internship and supervision requirements, I am concerned that agencies like La Clinica will have limited capacity to offer placements for this new provider type, potentially undermining the goal of expanding Oregon's behavioral health workforce.

I respectfully encourage the Board to adopt a more flexible approach to internship hours and supervisor qualifications so that community-based organizations can serve as effective training partners and help build a sustainable behavioral health workforce for Oregon. Thank you in advance for your consideration.

Sincerely,
Laura

Laura Bridges, LCSW, MPH | Pronouns: She/Her
Behavioral Health Officer



931 Chevy Way, Medford OR 97504

Direct line 541-494-4765 | Email: lbridges@laclinicahealth.org

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From: [Rodger Bufford](#)
To: [STASHEK LaRee](#) * MHRA
Subject: Proposed administrative rules Chapter 858
Date: Thursday, October 22, 2026 4:22:31 PM

SB 1547 created a statute providing for licensing on behavioral health and wellness practitioners by the Oregon Board of Psychology. Incorporating administrative rules that guide the credentialing, licensing, and oversight of these practitioners has been a significant task for OBOP. It is evident that a lot of careful work has gone into this task. However a few concerns have been identified.

The initiative for SB 1547 stems from the Ballmer Institute at the University of Oregon. The curriculum proposed for licensing behavioral health and wellness practitioners was developed at the Ballmer Institute. The administrative rules proposed for the licensing of behavioral health and wellness practitioners closely resemble the curriculum of the Ballmer Institute. At the present time it appears that the Ballmer Institute is the only academic setting in which candidates for licensing as behavioral health and wellness practitioners can receive the education needed to become candidates for the license under these OARS. However, other institutions may be able to develop similar curricula in the coming years, so this seems a relatively minor concern.

My main concerns regarding ~~the aspects of~~ the proposed administrative rules governing licensing of behavioral health and wellness practitioners are sections of OAR 858-060-0030 that designate an exam developed by the Ballmer Institute as the prescribed exam for this license and that further designate that the Ballmer Institute will establish the passing score for the exam.

Putting the Ballmer Institute in charge of creating the exam and designating the passing score raises serious concerns. It places the Ballmer Institute in a position that involves multiple roles of training and outcome appraisal. It is like putting a fox in charge of the henhouse. Serious consideration should be given to two proposals:

First, I believe OBOP should take immediate responsibility for establishing the passing score for the examination. Deferring responsibility to the Ballmer Institute seems a neglect of a significant OBOP responsibility.

Second, while the Ballmer Institute is in a unique position with regard to knowledge of the curriculum and training for licensing of behavioral health and wellness practitioners, these facts provide the context in which there may be a significant risk of bias in the assessment measure. Thus it seems essential that OBOP plan a timely transition to an independently developed competency exam. As three to five years is sufficient for a pertinent knowledge base to develop external to the Ballmer Institute and for competing educational programs to develop, I propose that OBOP add to the Administrative Rule a provision to sunset examinations created by the Ballmer Institute no later than 2030. An earlier date seems desirable if at all feasible.

That would allow time for OBOP to develop a plan for an examination independent of the Ballmer Institute and remove the Ballmer Institute from these multiple role relationship of both training candidates and verifying their knowledge.

Supervision, as provided in 858-060-0060 seems inadequate for licensees trained at the BA level. At minimum,

weekly supervision for each week in which direct service is provided

a minimum of one hour of supervision for each ten hours of direct service

There is a typographical error at 858-060-0030(1) (a): “or the or . . . “

Rodger Bufford

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Rodger K. Bufford, Ph.D.
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From: [Tracy Chisholm](#)
To: [STASHEK LaRee](#) * MHRA
Subject: Obop rules changes response
Date: Wednesday, September 30, 2026 12:11:58 PM

You don't often get email from dr.tburkhart@gmail.com. [Learn why this is important](#)

Hi,

For 858-040-0035

1-c - please put back the specific requirements for evidence of completion for 858-040-0065. Spell them out please. It is convenient to have specific requirements in multiple places, including here, vs. forcing providers to navigate around the website.

2-b

Home study - what is this?? Why was "Internet and telecourses" removed? I have no idea how this would be defined. If it were an online course, how on earth can someone count the words??? This kind of expectation for excessive word count is the kind of tedium that can be frustrating for providers. Most other states do not require such tediousness. In times new roman size 12, 6,000 words is 12 pages single spaced, or 24 double spaced. That's quite a lot. What about online trainings that have case examples, vignettes, videos? There may be integral aspects of the training but don't have a word count. But the videos take time to watch, digest, learn from. I imagine there are a lot of providers trying to CE's thru online courses/didactics, etc. (not thru a college but perhaps thru an entity like APA?) If I attend an online training course for CBT-nightmares, I have no way of getting a "word count" from a program that passes you thru modules. In this example, such a training is designed by multiple individuals and completion is self paced. So how do I meet the requirements for evidence of completion?

It behooves OBOP to provide explicit, flexible, and fair details surrounding the plethora of online content that is offered for CE's.

Also, can we PLEASE REASSESS PARTICIPATION IN PSYPACT?!?

Thank you for your consideration.

Best,
Tracy

From: [Kim Douglas](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Public Comment: Proposed Rules SB 1547 Implementation
Date: Wednesday, October 21, 2026 9:51:50 PM
Attachments: [Public comment SB 1547 \(2026\).pdf](#)

You don't often get email from kimdoug@pdx.edu. [Learn why this is important](#)

Please see attached.
Thank you,
Kim Douglas

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Kim Douglas, MS CRC (*she/her*)
Internship Coordinator
Learning, Leadership, and Counseling Department,
College of Education
Portland State University

- ☐ Vanport Building, 225A
- ☐ 503-725-4694 (text)
- ☐ kimdoug@pdx.edu
- ☐ [Internship](#)
- ☐ [Book a meeting or advising appointment](#)

[PSU Community Counseling Clinic](#)

Please contact clinic@pdx.edu for scheduling.
Immediate openings for low cost counseling available.



October 21, 2026

LaReé Stashek
Oregon Board of Psychology
3218 Pringle Road SE, Ste. 130
Salem, OR 97302

Re: Public comment on proposed rules implementing SB 1547 (2026), licensed behavioral health and wellness practitioners. Notice filed September 29, 2026; OAR 858-010 through 858-060.

Dear Ms. Stashek and Members of the Board:

I, Kimberlee Douglas, am submitting these comments on the Board's proposed rules implementing Senate Bill 1547. PSU supports the license's goal: earlier identification and prevention-focused support for Oregonians, especially children and families, delivered by a well-supervised, diverse workforce.

I am a counselor educator and Internship Coordinator for the Counselor Education program at Portland State University. I hold a master's degree in Counseling and am a Certified Rehabilitation Counselor (CRC). In my role, I coordinate clinical training and supervised field experiences for counseling students, collaborate with community agencies and clinical supervisors, and support the preparation of future behavioral health professionals. Through this work, I have a professional interest in how licensing requirements affect educational pathways, supervised practice, clinical supervision, and access to the behavioral health workforce. I am submitting these comments to support the development of clear, equitable, and practical rules that protect the community while recognizing existing professional training and experience, expanding pathways into the workforce, and supporting effective collaboration across behavioral health professions.

Below are 17 comments, grouped by topic. For each, we cite the proposed rule and recommend specific changes.

A. Licensing examination (OAR 858-060-0050)

Comment 1. Do not name a single exam developed by a training program. Proposed OAR 858-060-0050(3) prescribes "the national examination for behavioral health promotion and prevention developed by the Ballmer Institute," with fees paid to and passing scores set by the exam provider. The Ballmer Institute also operates the state's first training program for this license, and received significant private funding to create the program. Naming one program's exam as the only route to licensure raises an avoidable independence concern, regardless of the exam's quality. We recommend the rule authorize "a competency examination approved by the Board," with the Board setting approval criteria (validation, psychometric review, independence from any single training program) and retaining authority over passing standards.

Comment 2. Require exam transparency and equity data. Before adoption, please publish the exam's fee, format, content outline, validation evidence, and availability to graduates of programs other than the Ballmer Institute's. After adoption, we ask the Board to publish annual pass rates by program and demographic group. The Governor's Behavioral Health Talent Council (February 2026) recommended alternative pathways to demonstrate competency for licensure (Action Plan LC 3.3), and its licensing vice-chair cited racial and cultural disparities in exam pass rates.

Comment 3. Add an alternative way to demonstrate competency. Nevada's proposed regulation (R088-26, §11(2)) provides that if the national exam is unavailable, the Board may assess competency through review of supervised practicum performance, a portfolio, a structured oral examination, or supervisor attestation. We recommend Oregon adopt equivalent language. Oregon already relies on established national exams for comparable bachelor's-level behavioral health roles, such as the National Certification Board for Behavioral Health Professionals exams used by MHACBO for QMHA certification; the Board could consider recognizing equivalent exams.

B. Education and supervised practice pathways (OAR 858-060-0010, 858-060-0020)

Comment 4. Provide an explicit route for CSWE-accredited BSW programs. Proposed OAR 858-060-0020(1)(a)(A) names social work as a qualifying major, but every graduate must separately document 45 quarter hours of behavioral health coursework and specified hours in five core areas. CSWE-accredited BSW programs already meet national standards for ethics, practice, and cultural responsiveness. We recommend the rule state that a CSWE-accredited BSW, combined with documented coursework in any core areas not otherwise covered and the required supervised practice, satisfies the education requirement. This would give accredited programs a predictable path and reduce case-by-case transcript review.

Comment 5. Count BSW practicum hours when an eligible licensee provides the required supervision. PSU's BSW practicum is 400 hours, supervised day-to-day by practicum instructors who hold a BSW or MSW. Proposed OAR 858-060-0020(3)(b) requires supervision by Oregon-licensed psychologists, psychiatrists, LPCs, LMFTs, LCSWs, or psychiatric nurse practitioners. We recommend clarifying that practicum hours count toward the 700 when an eligible licensee provides the supervision required by 858-060-0020(3)(c) and (4), even where another qualified professional oversees day-to-day activities at the site.

Comment 6. Name the post-baccalaureate certificate route explicitly. The statute allows a bachelor's degree in another field plus a Board-approved educational program. Nevada's proposed regulation (§9(2)) explicitly recognizes "a postbaccalaureate certificate or other credential from a regionally accredited college or university." We recommend Oregon adopt similar language so universities can design certificate programs for BSW, psychology, human services, counseling, and other programs with confidence that they will be recognized.

Comment 7. Credit supervised practicum completed in another program. Nevada's proposed regulation (§10(2)) allows the Board to credit qualifying supervised practicum hours completed in a program other than the applicant's primary program. We recommend Oregon adopt equivalent language. Students often complete practicum across a degree and a certificate, or transfer between institutions, as Oregon's 2+2 and community college transfer pathways encourage.

Comment 8. Confirm that employment-based supervised practice can count within an approved program. Many students in behavioral health programs already work in the field. We ask the Board to confirm that supervised practice completed in a student's paid position counts toward the 700 hours when it is part of an approved program and is supervised by an eligible licensee at the required ratio. For example, PSU's School of Social Work already operates an Employed Social Work practicum option that could serve as a model.

Comment 9. Confirm that programs serving working adults can qualify. PSU's Human Services bachelor's degree is in a named qualifying field, is fully online and asynchronous, awards credit for prior learning, and is designed for working professionals. It currently builds practice skills through simulation rather than field placement. We understand simulation coursework will not count as supervised practice. We ask the Board to confirm that online programs can qualify when they include the required supervised practice, and to avoid rules that would exclude working adults from licensure. The license's purpose of diversifying the workforce depends on pathways for adults who cannot leave employment for a full-time practicum.

C. Oregon's existing workforce

Comment 10. State how experienced, supervised workers can reach licensure. The proposed rules offer no route for people already delivering similar services under supervision. MHACBO reports roughly 6,300 active Qualified Mental Health Associates (3,240 QMHA-R, 2,695 QMHA-I, and 407 QMHA-II). QMHA-I certification requires 1,000 hours of supervised clinical experience and QMHA-II requires 4,000, along with national psychometric exams. Many of these workers have more supervised experience serving Oregonians than a new Ballmer graduate will have.

We recognize the statute requires supervised practice within an approved program, and that a full experience-based pathway may require a statutory change. We ask the Board to:

1. Confirm that approved programs may award credit for prior learning toward coursework, consistent with Oregon's credit for prior learning policies.
2. State in its rulemaking record how incumbent QMHAs, traditional health workers, and certified alcohol and drug counselors can reach this license.
3. Support a statutory pathway in 2027. Utah's behavioral health coach license includes a "stacked credentials" pathway that combines an associate degree, targeted coursework, and two years of relevant work experience, offering a tested model.

We understand MHRA has given input on an anticipated 2027 legislative concept to address administrative issues in SB 1547. PSU would welcome the opportunity to work with the Board on an experience pathway as part of that effort.

D. Supervisors (OAR 858-060-0060)

The license cannot work without enough qualified supervisors. Clinical supervisors are already in short supply, and the Talent Council's report notes that a limited number of qualified clinical supervisors constrains training capacity.

Comment 11. Publish the supervisor assessment, and make it free and accessible.

Proposed OAR 858-060-0060(2)(b) requires supervisors to "successfully complete a Board-prescribed assessment," but the notice does not describe its content, format, cost, or whether preparation is offered. Before adoption, we ask the Board to publish this information. We recommend the assessment be free, available online at any time, and accompanied by a short orientation, similar to the Board's existing Orientation to Residency Supervision for psychologists.

Comment 12. Recognize equivalent supervisor preparation from other boards and approved training providers. Many supervisors of licensees hold licenses from the Board of Licensed Social Workers or the Board of Licensed Professional Counselors and Therapists, each with its own supervisor standards. We recommend the rule allow the Board to accept

equivalent supervisor preparation approved by those boards, and to approve training courses offered by accredited universities and other qualified providers. Nevada's proposed regulation (§14(2)) takes this approach, requiring a Board-approved supervisor training course of at least six hours covering ethics, documentation, supervision structures, low-intensity interventions, and competency development. A university-delivered option would expand supervisor capacity statewide. PSU, which prepares future LCSWs, LPCs, and LMFTs, would welcome the opportunity to develop such training.

E. Scope, clarity, and process

Comment 13. Align the definition of early identification with the statute's scope. Section 1 of SB 1547 does not limit the practice of behavioral health promotion, prevention, and brief intervention to children. Proposed OAR 858-060-0010(3)(a) defines early identification as services "to identify children" showing signs of mental health concerns. We recommend aligning this definition with the statute, or explaining in the rulemaking record why the limitation is intended.

Comment 14. State that the rules do not limit other regulated or credentialed workers. Licensees will work alongside regulated social workers, licensed counselors and therapists, school counselors and school social workers, QMHAs, and traditional health workers, many of whom deliver screening, psychoeducation, skills training, and care coordination. We recommend adding a statement to OAR 858-060-0100 that nothing in Division 60 limits the practice of persons licensed, certified, or otherwise authorized under other Oregon law.

Comment 15. Clarify which activities do not require this license. Nevada's proposed regulation (§7) states that outreach, education, workshops and trainings, peer-led programs, distribution of information, and awareness campaigns do not require licensure when they are not delivered within an individualized provider-client relationship. We recommend Oregon adopt similar language. Clear boundaries protect the public, protect the many community and school-based workers who deliver this kind of support today, and help employers implement the license correctly.

Comment 16. Correct the license title in the rule summaries. Several rule summaries in the notice (for example, those for OAR 858-010-0018, 858-010-0020, and 858-030-0005) refer to a "behavioral health and wellness specialist." The statutory title is "licensed behavioral health and wellness practitioner." We recommend conforming all references to avoid confusion with title protection under Section 5 of the Act.

Comment 17. Include social work and counselor education in future rulemaking. Many supervisors of licensees will come from the social work and counseling professions, and social work, human services, and psychology programs are named qualifying majors. We recommend

that any future rules advisory committee or workgroup on this license include representatives of the Board of Licensed Social Workers, the Board of Licensed Professional Counselors and Therapists, and Oregon's social work, counseling, and psychology education programs.

Thank you for your consideration.

Sincerely,

Kim Douglas, MS CRC

Kimberlee Douglas, MS CRC
Internship Coordinator
College of Education
Portland State University

From: [Elisabeth Gade](#)
To: [STASHEK LaRee * MHRA](#)
Cc: [Kimberly Koops-Wrabek](#)
Subject: Written Public Comments - SB 1547 Rule Making
Date: Thursday, October 22, 2026 2:03:06 PM
Attachments: [Public comment SB 1547 \(2026\).pdf](#)

Dear Ms. Stashek,

Please see the attached written comments from Portland State University on the Senate Bill 1547 rule making.

Best,

Elisabeth

Elisabeth Gade (she/her)

Assistant Director of Government Relations

Portland State University

Cell: (503) 403-8588

Email: eligade@pdx.edu



October 22, 2026

LaReé Stashek
Oregon Board of Psychology
3218 Pringle Road SE, Ste. 130
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Portland State University submits these comments on the Board's proposed rules implementing Senate Bill 1547. PSU supports the license's goal: earlier identification and prevention-focused support for Oregonians, especially children and families, delivered by a well-supervised, diverse workforce. We appreciate the Board's work and the January 1, 2027 implementation timeline.

PSU has a strong legacy of preparing many of the professionals this license depends on and serves. Our School of Social Work, the first and largest of its kind at a public university in Oregon, offers a CSWE-accredited Bachelor of Social Work, a Human Services bachelor's degree, a Child, Youth, and Family Studies bachelor's degree, and a Masters of Social Work that prepares graduates for clinical social work licensure. Our College of Education prepares school counselors and clinical mental health, rehabilitation, and marriage, couple, and family counselors. In addition, our College of Education offers Oregon's only fully online Infant Toddler Mental Health (ITMH) Certificate and the only credential of its kind in the Pacific Northwest. Our Department of Psychology offers one of PSU's most popular undergraduate majors. Social work, human services, and psychology are named as qualifying majors in proposed OAR 858-060-0020 and counseling may qualify as a "related behavioral health field," and all produce the LCSWs, LPCs, and LMFTs who will supervise licensees.

Our comments share one aim: to ensure the license works for Oregon's existing workforce, working adults, the supervisors it depends on, and the multiple universities that prepare practitioners. As drafted, the rules create a single route to licensure: one exam, one type of program, and no recognition of the supervised experience thousands of Oregon workers already have. Several of our recommendations draw on the Nevada Board of Psychological Examiners' proposed regulation R088-26, which the Board identified as a relied-upon document and that implements the same practitioner model.

We offer 17 comments, grouped by topic. For each, we cite the proposed rule and recommend specific changes.

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PSU shares the Board's commitment to expanding access to early, prevention-focused behavioral health support. These recommendations aim to make the license accessible to more qualified Oregonians, give multiple universities a clear way to prepare practitioners, and ensure enough well-prepared supervisors. We would welcome the opportunity to meet with Board staff and to contribute to the anticipated 2027 legislative concept.

Thank you for your consideration.

Sincerely,

Robert Williams
Provost
Portland State University

From: [Courtney Westling](#)
To: [STASHEK LaRee * MHRA](#)
Cc: [Kate McLaughlin](#)
Subject: SB 1547 comments
Date: Thursday, October 22, 2026 1:34:09 PM
Attachments: [image.png](#)
[Public comment on 1547 draft rules 10.22.26.pdf](#)

Hi LaRee,
Please find attached our comments on the proposed rules for SB 1547 (2026).
Please let us know if you have any questions.

Thanks,
Courtney

Courtney Westling (she/her)

Senior Director of Public Affairs

The Ballmer Institute for Children's Behavioral Health

ccwest@uoregon.edu

Cell: 503-569-9483

<https://childrensbehavioralhealth.uoregon.edu/>



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UNIVERSITY OF
OREGON

**The Ballmer Institute
for Children's Behavioral Health**

October 22, 2026

Oregon Board of Psychology
3218 Pringle Road SE, Ste. 130
Salem, OR 97302

Dear Board Members,

Thank you for the opportunity to provide comments on the proposed rules establishing licensing requirements for Licensed Behavioral Health and Wellness Practitioners (BHWP).

We would like to acknowledge and express our appreciation to the Mental Health Regulatory Agency (MHRA) and the Rules Advisory Council (RAC) for their thoughtful work throughout the rule-making process and for allowing the Ballmer Institute to serve on the RAC as a representative from a public higher education institution. It has been an honor for our program to participate in these discussions and contribute to a shared vision for developing a new bachelor's-level behavioral health workforce that expands access to services and is responsive to the needs of Oregon's youth and families.

As a member of the RAC, we have approached this work with a focus on sustainability, portability, and the long-term growth of a new bachelor's-level behavioral health profession in Oregon and other states—the Behavioral Health and Wellness Practitioner (BHWP). That vision is already beginning to take shape through collaboration with Nevada that includes alignment of licensure standards and administrative rules across both states. Throughout the rule-making process, RAC members looked closely at the rules proposed in Nevada for the BHWP provider role and aligned rules in Oregon wherever possible to ensure portability and standardization of educational preparation, ongoing supervision, and scope of practice for these new providers. Both states will use a shared ethics code as well as a shared competency examination that will help to support both standardization and portability. The examination is being developed, administered, and maintained by an independent vendor who oversees licensure examinations for other health occupations, including nursing, using widely accepted field standards regarding item development and psychometric evaluation. In the absence of state funding for exam development, the Ballmer Institute has sought external support through grant funding and partnered with colleagues in Nevada to advance this effort.

The Ballmer Institute for Children's Behavioral Health

University of Oregon Portland

2800 NE Liberty St.

Portland, Oregon 97211

541-346-2500 | childrensbehavioralhealth.uoregon.edu

The University of Oregon is an equal-opportunity institution committed to cultural diversity and compliance with the Americans with Disabilities Act.

As the first program of its kind in the nation, the Ballmer Institute recognizes that the BHWP profession will continue to evolve. We remain committed to supporting its growth in Oregon through the expansion of training programs, the promotion of workforce mobility, and accountability mechanisms to ensure consumer protection. Perhaps most importantly, the goal of the BHWP role is to provide increased access to high-quality behavioral health services for youth, families, and communities across Oregon. We look forward to continuing to work with stakeholders to strengthen and sustain this emerging workforce for years to come.

Sincerely,



Katie McLaughlin, Ph.D.
Executive Director, Ballmer Institute for Children's Behavioral Health
Philip H. Knight Chair and Professor of Psychology
University of Oregon

From: [Catherine Nyhan \(via Google Docs\)](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Public comment SB 1547 (2026)
Date: Thursday, October 22, 2026 2:31:16 PM
Attachments: [Public comment SB 1547 \(2026\).pdf](#)

You don't often get email from drive-shares-noreply@google.com. [Learn why this is important](#)

Catherine Nyhan attached a document

Catherine Nyhan (cnyhan@pdx.edu) has attached the following document: [Learn more](#)

Hi Laree,
Just a copy of my public comment for SE 1547 (2026).
Thanks,
Catherine



Public comment SB 1547 (2026)

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10/21/26

LaReé Stashek
Oregon Board of Psychology
3218 Pringle Road SE, Ste. 130
Salem, OR 97302

Re: Public comment on proposed rules implementing SB 1547 (2026), licensed behavioral health and wellness practitioners. Notice filed September 29, 2026; OAR 858-010 through 858-060.

Dear Ms. Stashek and Members of the Board:

I, Catherine Nyhan, am submitting these comments on the Board's proposed rules implementing Senate Bill 1547. PSU supports the license's goal: earlier identification and prevention-focused support for Oregonians, especially children and families, delivered by a well-supervised, diverse workforce.

As both a Licensed Professional Counselor and a Licensed School Counselor and Educator, this is a very important conversation to me. I have been a part of helping to start two alternative schools in Oregon and this worries me because of a number of reasons listed below. Mostly I am concerned about the quality of the care our youth receive and the qualifications and supervision of those trained. I will list my concerns below.

A. Licensing examination (OAR 858-060-0050)

Concern 1. Do not name a single exam developed by a training program. Proposed OAR 858-060-0050(3) prescribes "the national examination for behavioral health promotion and prevention developed by the Ballmer Institute," with fees paid to and passing scores set by the exam provider. The Ballmer Institute also operates the state's first training program for this license, and received significant private funding to create the program. Naming one program's exam as the only route to licensure raises an avoidable independence concern, regardless of the exam's quality. We recommend the rule authorize "a competency examination approved by

the Board," with the Board setting approval criteria (validation, psychometric review, independence from any single training program) and retaining authority over passing standards.

Concern 2. Require exam transparency and equity data. Before adoption, please publish the exam's fee, format, content outline, validation evidence, and availability to graduates of programs other than the Ballmer Institute's. After adoption, we ask the Board to publish annual pass rates by program and demographic group. The Governor's Behavioral Health Talent Council (February 2026) recommended alternative pathways to demonstrate competency for licensure (Action Plan LC 3.3), and its licensing vice-chair cited racial and cultural disparities in exam pass rates.

Concern 3. Add an alternative way to demonstrate competency. Nevada's proposed regulation (R088-26, §11(2)) provides that if the national exam is unavailable, the Board may assess competency through review of supervised practicum performance, a portfolio, a structured oral examination, or supervisor attestation. We recommend Oregon adopt equivalent language. Oregon already relies on established national exams for comparable bachelor's-level behavioral health roles, such as the National Certification Board for Behavioral Health Professionals exams used by MHACBO for QMHA certification; the Board could consider recognizing equivalent exams.

B. Education and supervised practice pathways (OAR 858-060-0010, 858-060-0020)

Concern 4. Provide an explicit route for CSWE-accredited BSW programs. Proposed OAR 858-060-0020(1)(a)(A) names social work as a qualifying major, but every graduate must separately document 45 quarter hours of behavioral health coursework and specified hours in five core areas. CSWE-accredited BSW programs already meet national standards for ethics, practice, and cultural responsiveness. We recommend the rule state that a CSWE-accredited BSW, combined with documented coursework in any core areas not otherwise covered and the required supervised practice, satisfies the education requirement. This would give accredited programs a predictable path and reduce case-by-case transcript review.

Concern 5. Count BSW practicum hours when an eligible licensee provides the required supervision. PSU's BSW practicum is 400 hours, supervised day-to-day by practicum instructors who hold a BSW or MSW. Proposed OAR 858-060-0020(3)(b) requires supervision by Oregon-licensed psychologists, psychiatrists, LPCs, LMFTs, LCSWs, or psychiatric nurse practitioners. We recommend clarifying that practicum hours count toward the 700 when an eligible licensee provides the supervision required by 858-060-0020(3)(c) and (4), even where another qualified professional oversees day-to-day activities at the site.

Concern 6. Name the post-baccalaureate certificate route explicitly. The statute allows a bachelor's degree in another field plus a Board-approved educational program. Nevada's proposed regulation (§9(2)) explicitly recognizes "a postbaccalaureate certificate or other credential from a regionally accredited college or university." We recommend Oregon adopt similar language so universities can design certificate programs for BSW, psychology, human services, counseling, and other programs with confidence that they will be recognized.

Concern 7. Credit supervised practicum completed in another program. Nevada's proposed regulation (§10(2)) allows the Board to credit qualifying supervised practicum hours completed in a program other than the applicant's primary program. We recommend Oregon adopt equivalent language. Students often complete practicum across a degree and a certificate, or transfer between institutions, as Oregon's 2+2 and community college transfer pathways encourage.

Concern 8. Confirm that employment-based supervised practice can count within an approved program. Many students in behavioral health programs already work in the field. We ask the Board to confirm that supervised practice completed in a student's paid position counts toward the 700 hours when it is part of an approved program and is supervised by an eligible licensee at the required ratio. For example, PSU's School of Social Work already operates an Employed Social Work practicum option that could serve as a model.

Concern 9. Confirm that programs serving working adults can qualify. PSU's Human Services bachelor's degree is in a named qualifying field, is fully online and asynchronous, awards credit for prior learning, and is designed for working professionals. It currently builds practice skills through simulation rather than field placement. We understand simulation coursework will not count as supervised practice. We ask the Board to confirm that online programs can qualify when they include the required supervised practice, and to avoid rules that would exclude working adults from licensure. The license's purpose of diversifying the workforce depends on pathways for adults who cannot leave employment for a full-time practicum.

C. Oregon's existing workforce

Concern 10. State how experienced, supervised workers can reach licensure. The proposed rules offer no route for people already delivering similar services under supervision. MHACBO reports roughly 6,300 active Qualified Mental Health Associates (3,240 QMHA-R, 2,695 QMHA-I, and 407 QMHA-II). QMHA-I certification requires 1,000 hours of supervised clinical experience and QMHA-II requires 4,000, along with national psychometric exams. Many of these workers have more supervised experience serving Oregonians than a new Ballmer graduate will have.

Im asking the Board to:

1. Confirm that approved programs may award credit for prior learning toward coursework, consistent with Oregon's credit for prior learning policies.
2. State in its rulemaking record how incumbent QMHAs, traditional health workers, and certified alcohol and drug counselors can reach this license.
3. Support a statutory pathway in 2027. Utah's behavioral health coach license includes a "stacked credentials" pathway that combines an associate degree, targeted coursework, and two years of relevant work experience, offering a tested model.

PSU would welcome the opportunity to work with the Board on an experience pathway as part of that effort. I would be glad to support.

D. Supervisors (OAR 858-060-0060)

The license cannot work without enough qualified supervisors. Clinical supervisors are already in short supply, and the Talent Council's report notes that a limited number of qualified clinical supervisors constrains training capacity.

Concern 11. Publish the supervisor assessment, and make it free and accessible.

Proposed OAR 858-060-0060(2)(b) requires supervisors to "successfully complete a Board-prescribed assessment," but the notice does not describe its content, format, cost, or whether preparation is offered. Before adoption, we ask the Board to publish this information.

Concern 12. Recognize equivalent supervisor preparation from other boards and approved training providers. Many supervisors of licensees hold licenses from the Board of Licensed Social Workers or the Board of Licensed Professional Counselors and Therapists, each with its own supervisor standards. We recommend the rule allow the Board to accept equivalent supervisor preparation approved by those boards, and to approve training courses offered by accredited universities and other qualified providers. Nevada's proposed regulation (§14(2)) takes this approach, requiring a Board-approved supervisor training course of at least six hours covering ethics, documentation, supervision structures, low-intensity interventions, and competency development. A university-delivered option would expand supervisor capacity statewide. PSU, which prepares future LCSWs, LPCs, and LMFTs, would welcome the opportunity to develop such training.

E. Scope, clarity, and process

Concern 13. Align the definition of early identification with the statute's scope. Section 1 of SB 1547 does not limit the practice of behavioral health promotion, prevention, and brief

intervention to children. Proposed OAR 858-060-0010(3)(a) defines early identification as services "to identify children" showing signs of mental health concerns. We recommend aligning this definition with the statute, or explaining in the rulemaking record why the limitation is intended.

Concern 14. State that the rules do not limit other regulated or credentialed workers.

Licensees will work alongside regulated social workers, licensed counselors and therapists, school counselors and school social workers, QMHAs, and traditional health workers, many of whom deliver screening, psychoeducation, skills training, and care coordination. We recommend adding a statement to OAR 858-060-0100 that nothing in Division 60 limits the practice of persons licensed, certified, or otherwise authorized under other Oregon law.

Concern 15. Clarify which activities do not require this license. Nevada's proposed regulation (§7) states that outreach, education, workshops and trainings, peer-led programs, distribution of information, and awareness campaigns do not require licensure when they are not delivered within an individualized provider-client relationship. We recommend Oregon adopt similar language. Clear boundaries protect the public, protect the many community and school-based workers who deliver this kind of support today, and help employers implement the license correctly.

Concern 16. Correct the license title in the rule summaries. Several rule summaries in the notice (for example, those for OAR 858-010-0018, 858-010-0020, and 858-030-0005) refer to a "behavioral health and wellness specialist." The statutory title is "licensed behavioral health and wellness practitioner." We recommend conforming all references to avoid confusion with title protection under Section 5 of the Act. Im worried about life-coaches being considered.

Concern 17. Include social work and counselor education in future rulemaking. Many supervisors of licensees will come from the social work and counseling professions, and social work, human services, and psychology programs are named qualifying majors. We recommend that any future rules advisory committee or workgroup on this license include representatives of the Board of Licensed Social Workers, the Board of Licensed Professional Counselors and Therapists, and Oregon's social work, counseling, and psychology education programs. I would be glad to support.

Thank you for your consideration.

Sincerely,

Catherine Nyhan, LPC
School Counseling Licensure Educator
Portland State University

From: [Jana Pursley](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Public Comment: Proposed Rules SB 1547 Implementation
Date: Thursday, October 22, 2026 1:35:18 PM
Attachments: [Public comment SB 1547 \(2026\) - Pursley.pdf](#)

You don't often get email from jpursley@pdx.edu. [Learn why this is important](#)

Please find attached my comments as per Proposed Rules SB 1547 Implementation.

Thank you,

Jana

Jana L. Pursley, PhD, CFLE
Associate Professor
Program Director - Family Studies & Human Services
Child, Youth, and Family Studies | Human Services
School of Social Work
Portland State University
jpursley@pdx.edu
Phone: (503) 725-8562 | Fax: (503) 725-5545
Pronouns: she/her

CYFS [website](#) & HS [website](#)
[Which Indigenous lands are you on?](#)

"The greatness of a community is most accurately measured by the
compassionate actions of its members." - Coretta Scott King





October 22, 2026

LaReé Stashek
Oregon Board of Psychology
3218 Pringle Road SE, Ste. 130
Salem, OR 97302

Re: Public comment on proposed rules implementing SB 1547 (2026), licensed behavioral health and wellness practitioners. Notice filed September 29, 2026; OAR 858-010 through 858-060.

Dear Ms. Stashek and Members of the Board:

I, Dr. Jana Pursley, am submitting these comments on the Board's proposed rules implementing Senate Bill 1547. PSU supports the license's goal: earlier identification and prevention-focused support for Oregonians, especially children and families, delivered by a well-supervised, diverse workforce.

I am an Associate Professor and Program Director of Family Studies and Human Services at Portland State University. I have oversight of two bachelors degree programs, the Child, Youth, and Family Studies and Human Services majors, both of which will be greatly impacted by Bill 1547 if it moves through without modification. This Bill will not only impact our programs, students, and graduates at PSU, but creates unnecessary barriers to the licensure by limiting points of access, supervision, and undervaluing previous experience.

Below are 17 comments, grouped by topic. For each, we cite the proposed rule and recommend specific changes.

A. Licensing examination (OAR 858-060-0050)

Comment 1. Do not name a single exam developed by a training program. Proposed OAR 858-060-0050(3) prescribes "the national examination for behavioral health promotion and prevention developed by the Ballmer Institute," with fees paid to and passing scores set by the

exam provider. The Ballmer Institute also operates the state's first training program for this license, and received significant private funding to create the program. Naming one program's exam as the only route to licensure raises an avoidable independence concern, regardless of the exam's quality. We recommend the rule authorize "a competency examination approved by the Board," with the Board setting approval criteria (validation, psychometric review, independence from any single training program) and retaining authority over passing standards.

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Comment 9. Confirm that programs serving working adults can qualify. PSU's Human Services bachelor's degree is in a named qualifying field, is fully online and asynchronous, awards credit for prior learning, and is designed for working professionals. It currently builds practice skills through simulation rather than field placement. We understand simulation coursework will not count as supervised practice. We ask the Board to confirm that online programs can qualify when they include the required supervised practice, and to avoid rules that would exclude working adults from licensure. The license's purpose of diversifying the workforce depends on pathways for adults who cannot leave employment for a full-time practicum.

C. Oregon's existing workforce

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clinical experience and QMHA-II requires 4,000, along with national psychometric exams. Many of these workers have more supervised experience serving Oregonians than a new Ballmer graduate will have.

We recognize the statute requires supervised practice within an approved program, and that a full experience-based pathway may require a statutory change. We ask the Board to:

1. Confirm that approved programs may award credit for prior learning toward coursework, consistent with Oregon's credit for prior learning policies.
2. State in its rulemaking record how incumbent QMHAs, traditional health workers, and certified alcohol and drug counselors can reach this license.
3. Support a statutory pathway in 2027. Utah's behavioral health coach license includes a "stacked credentials" pathway that combines an associate degree, targeted coursework, and two years of relevant work experience, offering a tested model.

We understand MHRA has given input on an anticipated 2027 legislative concept to address administrative issues in SB 1547. PSU would welcome the opportunity to work with the Board on an experience pathway as part of that effort.

D. Supervisors (OAR 858-060-0060)

The license cannot work without enough qualified supervisors. Clinical supervisors are already in short supply, and the Talent Council's report notes that a limited number of qualified clinical supervisors constrains training capacity.

Comment 11. Publish the supervisor assessment, and make it free and accessible.

Proposed OAR 858-060-0060(2)(b) requires supervisors to "successfully complete a Board-prescribed assessment," but the notice does not describe its content, format, cost, or whether preparation is offered. Before adoption, we ask the Board to publish this information. We recommend the assessment be free, available online at any time, and accompanied by a short orientation, similar to the Board's existing Orientation to Residency Supervision for psychologists.

Comment 12. Recognize equivalent supervisor preparation from other boards and approved training providers. Many supervisors of licensees hold licenses from the Board of Licensed Social Workers or the Board of Licensed Professional Counselors and Therapists, each with its own supervisor standards. We recommend the rule allow the Board to accept equivalent supervisor preparation approved by those boards, and to approve training courses offered by accredited universities and other qualified providers. Nevada's proposed regulation (§14(2)) takes this approach, requiring a Board-approved supervisor training course of at least six hours covering ethics, documentation, supervision structures, low-intensity interventions,

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Comment 14. State that the rules do not limit other regulated or credentialed workers. Licensees will work alongside regulated social workers, licensed counselors and therapists, school counselors and school social workers, QMHAs, and traditional health workers, many of whom deliver screening, psychoeducation, skills training, and care coordination. We recommend adding a statement to OAR 858-060-0100 that nothing in Division 60 limits the practice of persons licensed, certified, or otherwise authorized under other Oregon law.

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Comment 16. Correct the license title in the rule summaries. Several rule summaries in the notice (for example, those for OAR 858-010-0018, 858-010-0020, and 858-030-0005) refer to a "behavioral health and wellness specialist." The statutory title is "licensed behavioral health and wellness practitioner." We recommend conforming all references to avoid confusion with title protection under Section 5 of the Act.

Comment 17. Include social work and counselor education in future rulemaking. Many supervisors of licensees will come from the social work and counseling professions, and social work, human services, and psychology programs are named qualifying majors. We recommend that any future rules advisory committee or workgroup on this license include representatives of the Board of Licensed Social Workers, the Board of Licensed Professional Counselors and Therapists, and Oregon's social work, counseling, and psychology education programs.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Jana L. Pursley". The signature is fluid and elegant, with the first name "Jana" and last name "Pursley" clearly legible.

Jana L. Pursley, PhD, MA, CFLE
Associate Professor
Program Director - Family Studies and Human Services
Portland State University

From: [Brooke Rizor](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Written Comment - OAR 858-010 through 858-060
Date: Thursday, October 22, 2026 2:54:31 PM
Attachments: [BR Public comment.pdf](#)

Hi,
Attached is the written version of my oral comments from the October 22, 2026 hearing on the proposed rules implementing SB 1547 (2026) for licensed behavioral health and wellness practitioners. OAR 858-010 through 858-060.

Please let me know if you have any questions.

Thank you,
Brooke Rizor

Brooke Rizor, LCSW

Director, System of Care Institute
Portland State University

she/her/hers

*Sent from the ancestral, traditional, and contemporary lands of the
Cowlitz and Confederated Tribes of Grand Ronde people.*



October 22, 2026

LaReé Stashek
Oregon Board of Psychology
3218 Pringle Road SE, Ste. 130
Salem, OR 97302

Re: Public comment on proposed rules implementing SB 1547 (2026), licensed behavioral health and wellness practitioners. OAR 858-010 through 858-060.

Dear Ms. Stashek and Members of the Board:

Thank you for the chance to provide comments for the Board's consideration. This is the written version of my oral comments at the October 22, 2026 hearing. My name is Brooke Rizor. I am a licensed clinical social worker and direct the Systems of Care Institute, a national workforce development center at Portland State University's School of Social Work. I also served on the HB 4151 (2024) youth behavioral health workforce subcommittee, which provided the recommendations that led to this license.

I appreciate MHRA staff's work on these rules under a tight timeline. I support this license and its goal: reaching more young people earlier through a well-supervised, diverse workforce.

The rulemaking notice projects that this license will "lower systemic entry barriers, paving the way for a more diverse pool of applicants" to join the workforce. I share that goal, but I worry this rule, as written, will not achieve it. The rule creates an exam whose passing standard the Board does not set, one practical route into the license, and no path for the thousands of Oregonians already doing this work. I will focus my public comment on four areas.

1. The exam

The proposed code of conduct states that the Board's primary mandate is the protection of the public (proposed OAR 858-060-0080(2)(c)). For psychologists and psychologist associates, the Board meets that mandate with a national exam developed and owned by an association of licensing boards (proposed OAR 858-050-0010), and with programs accredited by independent national bodies (OAR 858-010-0010).

This rule departs from that practice. It names an exam developed by the Ballmer Institute for Children's Behavioral Health, the organization that runs Oregon's first training program for this license. It assigns the passing score and the fees to the exam provider (proposed OAR 858-060-0050(3)). As written, the Board would not set the passing standard for its own license. And because SB 1547 provided no additional funding for implementation, the rule is silent on how the exam is funded or governed.

This is not about anyone's intent or the exam's quality. It is about integrity. A license is only as trustworthy as the process that grants it. The public, employers, and families rely on this Board's assurance that every licensee met an independent standard. When the organization that trains candidates also shapes the exam that licenses them, that assurance is weakened, even if everyone acts in good faith.

Independence also protects fairness and durability. Graduates of every program deserve confidence that the exam measures the profession, not one curriculum. Licensees deserve a credential that will withstand scrutiny from employers, payers, and other states. That is why this Board holds its other licenses to an independent standard, and why this one should be no exception.

I ask the Board to hold this license to the same standard:

- Approve exams against the Board's own criteria and set the passing standard.
- Make public who funds, develops, and owns the exam, and what safeguards keep exam content separate from any training program.
- Publish validation and pass-rate data.
- Adopt Nevada's alternative route if the exam is unavailable (R088-26, §11(2)).
- Allow recognition of independent accreditation, as Nevada's rule does (R088-26, §10(6)).

This license should follow the Board's established practice, not be an exception.

2. Routes into the license

Oregon's first program for this license graduated its first cohort of 17 in June. That is a meaningful start, and it is nowhere near the scale Oregon's young people need.

Universities are ready to build toward this license. But if the rule names social work, human services, and psychology as qualifying majors (proposed OAR 858-060-0020(1)(a)(A)), it should give programs in those fields a clear, workable route to prepare graduates for licensure. I ask the Board to:

- Provide explicit routes for accredited BSW programs and post-baccalaureate certificates (R088-26, §9(2)).
- Credit supervised hours earned in another program, as Nevada already does (R088-26, §10(2)).

- Confirm that working adults can qualify through employment-based and online programs with supervised practice.
- Define what counts as a "related behavioral health field."

3. Oregon's existing workforce

About 6,300 Qualified Mental Health Associates already work under supervision in Oregon. About half hold certifications requiring 1,000 or 4,000 supervised hours and a national exam (MHACBO). Under these rules, none of that experience counts: they must complete the 700 supervised hours within a degree or approved program. A QMHA with 4,000 supervised hours would have to start completely over, behind a new graduate with 700. Peer support specialists and alcohol and drug counselors are in the same position.

As a member of the HB 4151 subcommittee, I know our charge included identifying options for existing as well as emerging professions. That part of the charge has not yet carried through to this license.

I recognize a full experience pathway may need a statutory fix. I ask the Board to state in its rulemaking record how these workers can reach this license, and to support a statutory pathway in any 2027 legislation affecting this license.

4. Supervisors and scope

This license is only as large as its supervisor pool, and clinical supervisors are already scarce. Many will be licensed by other boards. Yet the rule requires them to pass an assessment whose content, format, and cost have not been published (proposed OAR 858-060-0060(2)(b)). I ask the Board to:

- Publish the supervisor assessment before adoption, and make it free.
- Accept equivalent training approved by the social work and counseling boards.
- Give those boards, and Oregon's education programs granting those degrees, an ongoing role in future rulemaking.

Finally, a matter of clarity. The statute protects the title, but this license's scope overlaps work that social workers, counselors, QMHAs, peers, and school staff already do. I ask the Board to state in the rule that nothing in Division 60 limits the practice of anyone authorized under other Oregon law.

MHRA has reported that an anticipated 2027 legislative concept would address "a couple of administrative issues" in the legislation for this license, and that the Board has provided input. Because any change would affect this license, I ask the Board to share what those issues are, who requested the concept, and how stakeholders can weigh in before it is finalized.

1. Set the Board's own exam standard and passing score, with transparency about who funds, develops, and owns the exam.

2. Create clear routes for accredited programs, post-baccalaureate certificates, and working adults.
3. State a path for Oregon's existing workforce.
4. Publish the supervisor assessment and accept equivalent training from the social work and counseling boards.

In short, I ask the Board to hold this license to the same independent standards it applies to its other licenses and to open enough doors for it to reach every community.

Thank you for the opportunity to testify.

Respectfully,

Brooke Rizor, LCSW

Director - Systems of Care Institute
School of Social Work, Portland State University

From: [Pinnacle Legal Research](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Public Comment for SB 1547 hearing
Date: Wednesday, October 21, 2026 5:20:52 PM
Attachments: [Savio Public Comment SB1547 Oregon Board of Psychology 2026-10-22.pdf](#)

Dear Ms. Stashek,

Attached is my written public comment concerning the Oregon Board of Psychology's proposed regulations implementing SB 1547.

I hope to attend tomorrow's public hearing, although my schedule is not yet certain. Regardless of whether I am able to attend, I would appreciate having my written comments included in the official rulemaking record and minutes.

I also want to thank you personally for your responsiveness and assistance throughout this process. I have appreciated Oregon's transparency and the opportunity to follow and participate in the rulemaking process.

Thank you again for your time and consideration.

Best regards,

Rebecca Savio

Founder & Research Analyst

Nevada Applied Victimology & Policy Analytics

Public-Interest Research | Regulatory Analysis | Data & Policy Analytics

Las Vegas, Nevada

NVPolicyAnalytics.com | [LinkedIn](#)

Written Public Comment

Oregon Board of Psychology

Re: Proposed Rulemaking Implementing SB 1547; Licensed Behavioral Health and Wellness Practitioners

October 22, 2026

Members of the Board:

I am a patient-protection advocate from Nevada who has followed the development of the Licensed Behavioral Health and Wellness Practitioner (LBHWP) profession in both Nevada and Oregon. I support expanding access to behavioral-health services with appropriate public-safety safeguards.

I particularly appreciate the Oregon Board of Psychology's transparency throughout this rulemaking process, including its publicly available advisory committee materials and meeting recordings. I would also like to specifically recognize LaReé Stashek, Policy Advisor with the Oregon Mental Health Regulatory Agency, for her responsiveness, willingness to answer questions, and assistance in understanding the proposed regulations.

In Nevada, despite public-records requests dating back to July, I have not received clarification on whether the SB 165 advisory group is considered a public body or whether advisory-group records exist. Oregon's openness has made it easier to follow the rulemaking process, understand the issues being considered, and participate meaningfully. This transparency helps build public trust and confidence in regulatory oversight.

I do not offer these comments as an expert. I recognize that some of these safeguards may already exist under Oregon law or be addressed through current procedures or forthcoming guidance. I respectfully offer three suggestions for the Board's consideration, to the extent they may be helpful.

1. Client Notice, Complaint Rights, and Non-Retaliation

Proposed OAR 858-060-0090 establishes professional-title and supervisor-identification requirements, while OAR 858-060-0080(5)(c) addresses informed consent and confidentiality. I encourage the Board to consider a brief, standardized notice in client intake or informed-consent materials identifying:

- The practitioner's licensed and supervised status, scope of practice, and limitations;
- The supervisor's name, professional designation, and professional telephone number;
- The Board's contact information and how to verify licensure and review publicly available disciplinary history; and

- How to file a complaint or provide information to the Board.

I appreciate Oregon's existing **OAR 858-020-0045(5)(b)(E)**, which prohibits respondents from retaliating against individuals who participate in Board investigations or provide information to the Board.

I also appreciate the Board's existing complaint guidance concerning anonymous complaints and confidentiality. I encourage making this information, together with applicable non-retaliation protections, readily accessible through the proposed client notice.

A Board-developed template suitable for printed or electronic intake materials could promote consistency while minimizing administrative costs for practitioners and employers.

2. Supervision Continuity and Accountability

I appreciate Oregon's proposed supervision requirements under OAR 858-060-0060, including supervisor qualifications, oversight responsibilities, and Board-approved supervision contracts.

I respectfully request clarification concerning subsection (6)(e), which refers to a period of up to 30 days without supervision under a Board-approved supervisor. Although subsection (5)(i) provides for alternate supervision during a supervisor's absence, it would be helpful to clarify how services may continue during a change in supervisors while maintaining the direct supervision required by SB 1547.

I also appreciate that Oregon's proposed rules already require supervisors to report professional or ethical concerns and certain investigations. Clear guidance on these responsibilities when a supervisor becomes aware of serious safety concerns or reportable criminal events involving a supervisee may be helpful.

At its August 21, 2026 hearing, the Nevada Board of Psychological Examiners similarly discussed clearer supervisor-reporting requirements and referred the matter for further consideration.

Guidance for schools and other youth-serving programs would also be beneficial, particularly concerning supervision arrangements and whom parents or guardians may contact with concerns, consistent with applicable minor-consent and confidentiality laws.

3. Privacy and Redaction Safeguards

I recognize Oregon's existing confidentiality protections and am not familiar with the Board's current procedures for reviewing and redacting records before public disclosure.

In reviewing public-records practices at the Nevada Board of Psychological Examiners, I learned from Board counsel that redactions are performed when documents are produced in response to public-records requests, rather than routinely maintaining previously reviewed, redacted

public-release copies. Counsel also explained that responsibility for identifying information that may require redaction rests with the person producing the document.

Because behavioral-health investigations may involve sensitive medical and identifying information, particularly concerning children, I encourage consideration of a standardized privacy-review procedure, including a second review before sensitive records are publicly released.

Where legally appropriate and feasible, maintaining reviewed, redacted public-release copies could reduce repetitive work, promote consistency, and help prevent inadvertent disclosure of confidential patient information or children's identities, while preserving lawful public access and respondent due-process rights.

Conclusion

Thank you for considering these suggestions and for the Board's commitment to public protection and transparency. I also sincerely appreciate Ms. Stashek's time, responsiveness, and assistance throughout this process.

Respectfully submitted,

Rebecca Savio

Nevada Resident | Public-Interest Researcher
Founder & Research Analyst
Nevada Applied Victimology & Policy Analytics
Las Vegas, Nevada

Submitted in my individual capacity.

From: [Pinnacle Legal Research](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Re: Is recording or transcript available from today's hearing Re: Question for SB1547 meeting tomorrow Fwd: [OBOPeNews] Notice of Board Proposed Rulemaking
Date: Thursday, October 22, 2026 4:59:31 PM
Attachments: [Savio Supplemental Public Comment SB1547 Oregon 2026-10-22.pdf](#)

Dear Ms. Stashek,

Thank you for forwarding the additional written comments from today's hearing and for your continued responsiveness throughout this rulemaking process.

Please accept this supplemental public comment for inclusion in the SB 1547 rulemaking record. **This submission supplements and does not replace or supersede my earlier 3-page written public comment.** I respectfully request that both submissions be retained and considered in their entirety.

Thank you again,

Rebecca Savio

Founder & Research Analyst

Nevada Applied Victimology & Policy Analytics

Public-Interest Research | Regulatory Analysis | Data & Policy Analytics

Las Vegas, Nevada

NVPolicyAnalytics.com | [LinkedIn](#)

Supplemental Public Comment

Regulatory Transparency, Independent Due Diligence, Examination Oversight, and Child Protection

1. Nevada Senate Bill 165 and the Absence of an Accessible Advisory Group Record

I appreciate the goals of interstate consistency and professional portability. However, I respectfully encourage Oregon to exercise caution when relying upon Nevada's proposed Behavioral Health and Wellness Practitioner regulations.

In its October 22, 2026, public comment, the Ballmer Institute for Children's Behavioral Health stated:

Throughout the rule-making process, RAC members looked closely at the rules proposed in Nevada for the BHWP provider role and aligned rules in Oregon wherever possible to ensure portability and standardization of educational preparation, ongoing supervision, and scope of practice for these new providers. Both states will use a shared ethics code as well as a shared competency examination that will help to support both standardization and portability.

This statement raises important questions concerning the extent of Oregon's independent evaluation of Nevada's regulatory recommendations.

As a Nevada resident, I have closely followed the implementation of Nevada Senate Bill 165 and the development of proposed regulation R088-26P, attending Board meetings, reviewing available materials, and submitting public comments.

Despite submitting multiple public-records requests to the Nevada Board of Psychological Examiners since July 2026, I have not been provided with any materials from the SB 165 Advisory Group's separately held meetings, including notices, agendas, minutes, substantive notes, recordings, transcripts, or supporting documentation. Nor have I received an explanation confirming whether those records exist. I am continuing to seek these materials.

I attended Nevada's August 21, 2026, R088-26P regulation hearing and raised questions on the public record twice concerning the SB 165 Advisory Group, including its status under Nevada's Open Meeting Law and the availability of records from its separate meetings. I have not received a substantive answer.

Although Nevada's public Board meetings include occasional updates and general discussions concerning the Advisory Group's work, those summaries do not provide a record of the Group's separate deliberations.

Consequently, I have been unable to determine what evidence supported its recommendations, which alternatives were considered, how decisions were reached, or whether particular patient- and child-safety safeguards were evaluated.

Nevada's Open Meeting Law recognizes that public bodies conduct the people's business and establishes requirements for open deliberation and public participation where the law applies. In my view, meaningful transparency involves opportunities to observe how recommendations are developed, not merely opportunities to comment after they have been formulated.

Questions concerning Nevada's Advisory Group's Open Meeting Law status and compliance remain unresolved. I recognize that these circumstances do not establish a violation or invalidate any particular regulatory action. Nevertheless, they raise questions about public accountability and the extent to which Nevada's underlying recommendations can be independently examined.

2. Oregon's Transparent Rulemaking Process

I became involved in Oregon's rulemaking partly because I could not locate or obtain the underlying SB 165 Advisory Group materials in Nevada.

In contrast, Oregon's Rules Advisory Committee meetings and discussions have been publicly accessible, allowing interested members of the public to follow the development of proposed standards, examine the considerations being discussed, and provide input.

I particularly appreciate Ms. LaRee Stashek's responsiveness, willingness to answer questions, and assistance in making the rulemaking materials and process understandable and accessible.

From my perspective, Oregon's approach has demonstrated a meaningful commitment to regulatory transparency and public participation.

Rather than Oregon relying primarily upon Nevada as a regulatory model, I believe Nevada could benefit from looking to Oregon's approach to open deliberation and public involvement.

The development of a new licensed profession is a matter of public importance, particularly when its practitioners may provide services to children and other vulnerable populations.

3. Request for Independent Regulatory Due Diligence

The Ballmer Institute's statement that Oregon's RAC closely examined Nevada's proposed rules raises an important question:

What information did Oregon review to evaluate the evidence and reasoning underlying Nevada's recommendations, particularly when the SB 165 Advisory Group's separate meeting records have not been made available to the public?

Did Oregon review the Advisory Group's underlying research, recommendations, meeting records, or supporting analyses? Were materials or explanations provided directly by Nevada representatives? If so, what information was considered, and how was it independently evaluated?

It is possible for Oregon to conduct its own independent evaluation using Nevada's published regulatory proposals. However, **simply aligning rules does not demonstrate that Nevada's underlying recommendations received the same level of publicly observable scrutiny as Oregon's.**

I respectfully encourage Oregon to:

- Request clarification concerning the existence and availability of Nevada's SB 165 Advisory Group meeting records and supporting materials.
- Identify which proposed Oregon requirements were substantially informed by Nevada's regulations.
- Independently examine the evidence supporting competency standards, educational qualifications, supervision requirements, scope-of-practice limitations, criminal-event reporting, and child-safety safeguards.
- Document Oregon's independent public-protection rationale for the standards ultimately adopted.

The states' public-protection frameworks are not necessarily equivalent. For example, Oregon and Nevada do not currently operate under equivalent criminal-event reporting requirements. Oregon's ORS 676.150(3) already requires covered licensees to report certain criminal events, including felony arrests and misdemeanor or felony convictions, within 10 days. By contrast, Nevada's regulation R089-26P remains pending following review and drafting by the Legislative Counsel Bureau. If adopted, it would require psychologists to report certain criminal convictions to the Board within 30 days. This reporting requirement is not currently in effect, illustrating an important difference between Oregon's existing public-protection safeguards and Nevada's regulatory framework.

This distinction illustrates why Oregon should not assume that Nevada's regulatory framework provides equivalent public-protection safeguards. I respectfully encourage Oregon to preserve its existing protections, independently consider stronger safeguards where warranted, and **prioritize patient and child safety over interstate regulatory uniformity.**

I respectfully encourage Oregon to preserve its existing protections and independently determine whether additional safeguards are appropriate rather than assume that consistency with Nevada represents the most protective approach.

Oregon should be able to explain and defend its regulatory decisions based on its own evidence, public deliberations, and statutory responsibilities, regardless of how Nevada's outstanding procedural questions are ultimately resolved.

4. Competency Examination Independence and Oversight

I appreciate the concerns raised in the public comments from Portland State University regarding examination independence, as well as the Ballmer Institute's explanation that an independent vendor is developing, administering, and maintaining the national competency examination.

I encourage the Board to clarify who funds, owns, develops, and administers the examination; who establishes and approves passing standards; how independent subject-matter experts are selected; and what examination-validation, financial-disclosure, and conflict-of-interest safeguards apply.

The Board should maintain appropriate independent oversight to ensure that competency requirements reflect the knowledge and skills necessary for safe professional practice rather than the interests or curriculum of any particular educational institution.

I also encourage appropriate public reporting of examination-validation and aggregate performance information without compromising examination security or applicant confidentiality.

Any alternative competency pathway should be subject to predetermined, objective, and independently defensible assessment standards.

5. Prioritizing the Strongest Appropriate Child-Safety Safeguards

Because this profession will serve children, adolescents, and other vulnerable individuals, **I respectfully encourage Oregon to establish the strongest appropriate, evidence-informed, and enforceable child-protection safeguards, independently of Nevada's proposed requirements.**

I recognize that Oregon's proposed regulations already contain important protections. I encourage the Board to consider whether additional preventive measures would strengthen those protections, particularly in school-based and community-based settings.

These could include:

- **Authorized service locations:** Require services involving minors to occur in approved clinical, school, or community settings, with documented authorization and justification for exceptions.
- **Restrictions on nonclinical contact:** Prohibit unauthorized private outings, transportation, home visits, or other unnecessary one-on-one contact with minors outside approved services.
- **Physical-environment safeguards:** Consider appropriately designed clinical spaces, privacy-conscious office-door visibility measures, nearby authorized personnel, and emergency-access procedures.
- **Supervisor and employer accountability:** Clearly assign responsibility for authorized service locations, reporting safety concerns, reviewing incidents, and documenting exceptions.

- **Communication boundaries:** Prohibit unauthorized personal messaging, private social-media contact, or communication with minor clients outside approved professional channels.
- **Training and competency:** Ensure practitioners are prepared to recognize abuse and exploitation, comply with mandatory-reporting obligations, maintain professional boundaries, identify risks, and make appropriate referrals when a child's needs exceed their authorized scope.

I am not suggesting that another adult must attend confidential behavioral-health sessions or that private clinical conversations should be overheard. Rather, professional supervision should be accompanied by practical safeguards that reduce opportunities for unauthorized or inappropriate isolated contact with minors while preserving legitimate confidential care.

Professional supervision and physical safeguards against inappropriate adult-minor contact serve different protective purposes. Both deserve consideration.

Because these practitioners may work with children in diverse environments, I encourage Oregon to examine whether its rules and implementation guidance provide adequate protections before practitioners begin providing services.

Oregon should not limit its child-safety standards to those proposed by Nevada. Where stronger safeguards are justified, I encourage Oregon to adopt them even if doing so results in different regulatory requirements between the states.

6. Public Protection and Professional Integrity

I am not a physician, psychologist, or educator. I submit these observations as a Nevada resident, public-interest researcher, and patient-protection advocate who has closely followed both states' regulatory processes.

I recognize the importance of expanding access to behavioral-health services and developing a qualified workforce. However, expanding access and maintaining rigorous public-protection standards should be complementary goals.

The integrity of this emerging profession depends not only on educational qualifications and professional competence, but also on transparent regulatory development, independent oversight, enforceable safeguards, and public accountability.

Children and other vulnerable patients depend upon licensing boards to establish meaningful protections before problems arise.

Conclusion

My central request is straightforward: Oregon should independently evaluate Nevada's recommendations rather than rely upon them simply because another state has proposed them or because regulatory alignment may support professional portability.

Where the underlying deliberative record is unavailable, independent due diligence becomes especially important.

I commend Oregon's accessible Rules Advisory Committee process and Ms. Stashek's responsiveness to public inquiries. In my view, Oregon has provided a valuable example of how regulatory development can be conducted transparently as part of the people's business.

Above all, I respectfully encourage Oregon to establish the child-safety, competency, supervision, and accountability standards it independently determines are necessary to protect the vulnerable population this new profession will serve.

Interstate consistency should not substitute for independent regulatory analysis or take precedence over child protection, patient safety, public confidence, and the integrity of the profession.

Thank you again for your transparency, responsiveness, and the opportunity to participate in this important rulemaking process.

Respectfully submitted,

Rebecca Savio
Nevada Resident | Public-Interest Researcher
Founder & Research Analyst
Nevada Applied Victimology & Policy Analytics
Las Vegas, Nevada

Submitted in my individual capacity.

From: [Kelly Szott](#)
To: [STASHEK LaRee * MHRA](#); [Psychology Board * MHRA](#)
Subject: Public Comment on Proposed Rule Making for Behavioral Health & Wellness Practitioner licensure
Date: Wednesday, October 21, 2026 3:47:27 PM
Attachments: [Comment on BHW Practitioner Rulemaking.pdf](#)

You don't often get email from szottk@sou.edu. [Learn why this is important](#)

Hello,

Please find attached my comments on the proposed rulemaking for the licensure of the Behavioral Health & Wellness Practitioner.

Thank you,
Kelly Szott

Kelly Szott, Ph.D.

Professor, [Sociology Anthropology](#)

Program Coordinator, [Human Service](#)

Affiliated faculty: [Gender, Sexuality, and Women's Studies](#)

Southern Oregon University | 1250 Siskiyou Blvd | Ashland OR 97520

pronouns: she/her/hers



Why I'm at SOU: <https://www.youtube.com/watch?v=Ski0MzPd5IM>
<https://www.youtube.com/watch?v=YSXHZfUSGGE>



DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY

October 21, 2026

Oregon Board of Psychology
3218 Pringle Road SE, Ste. 130
Salem, OR 93702

Dear Board,

I would like to provide public comment on the administrative rulemaking for the implementation of SB 1547, which creates the Licensed Behavioral Health and Wellness Practitioner position. I am the current coordinator for the Human Service program at Southern Oregon University, as well as a Professor of Sociology. I have been in this role for nine years. The Human Service major at SOU prepares students to work in the behavioral health field, offering an interdisciplinary curriculum of psychology and sociology courses and 270 hours of practicum experience.

I am commenting on the proposed course requirements and clinical supervision requirements. I appreciate the flexibility in requiring 45 quarter credits, while only specifying the content for 20 of those credits. So that smaller universities in less populated areas such as SOU may be able to participate in educating students for this licensure opportunity, more flexibility may be needed.

I have gathered feedback from SOU faculty and a local community partner with a large health care footprint in the area. SOU would need to develop at least two new courses to meet the requirements and given staffing and budgetary issues common to many medium and smaller sized college and university, it is not clear how staffing for such work could be supported. Furthermore, the number of supervised hours of practice required (700 hours) and the required Master's educational level of the supervisor, will make this licensure exceptionally difficult for SOU and the local community to support. SOU does not have the faculty to host its own supervision and local behavioral health organizations, also, do not have the staff and capacity to support these requirements. As it is, they struggle to provide the necessary supervision for Master's level interns.

There are potentially two ways to address this. The first would be to make the requirements for this licensure more flexible such that, for example, the required hours are reduced and the supervisor can be of a different provider type, such as people who have their QMHA II or CADC II, both advanced certifications that are held by people who may have a bachelor's degree only. However, I recognize that individuals holding the new Behavioral Health and Wellness Practitioner licensure do need extensive field-

based training and supervision. Another route could be for the state to provide financial support for the implementation of the education and supervision needed for this new provider type. Undoubtedly, this would be a hard ask and would take years to realize. However even in the instance where SOU faculty would provide clinical supervision, there remains a question of intern site capacity.

Overall, I ask that the board consider the feasibility for colleges and universities outside of the Willamette Valley to provide the education and supervision necessary for this new provider type. Though well-intentioned, this licensure only seems do-able at larger universities in larger cities. If this issue has been previously discussed and remedied, I would appreciate more information on how SOU might feasibly participate in this new opportunity.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Kelly Szott". The signature is fluid and cursive, with the first name "Kelly" and last name "Szott" clearly distinguishable.

Kelly Szott, Ph.D.
Professor of Sociology
Coordinator, Human Service

From: [Elisabeth Gade](#)
To: [STASHEK LaRee * MHRA](#)
Cc: [Kimberly Koops-Wrabek](#)
Subject: Written Public Comment, SB 1547 Rule making - PSU Provost Robert Williams
Date: Wednesday, October 21, 2026 4:46:13 PM
Attachments: [Provost Williams Public Comment Oregon Board of Psychology.pdf](#)

Dear Ms. Stashek,

Please see the attached written comments from PSU Provost Robert Williams on the Senate Bill 1547 rule making.

Best,

Elisabeth

Elisabeth Gade (she/her)

Assistant Director of Government Relations

Portland State University

Cell: (503) 403-8588

Email: eligade@pdx.edu

Office of Academic Affairs

Post Office Box 751
Portland, Oregon 97207-0751

To: Oregon Board of Psychology
From: Robert A. Williams, Ph.D.
Provost and Executive Vice President for Academic Affairs
Date: October 21, 2026
Subject: Public Comment on Proposed Rulemaking – ADOPT: OAR 858-060-0050 (Licensed Behavioral Health and Wellness Practitioner Examination Requirements)

Dear Members of the Board,

Thank you for the opportunity to comment on proposed rule OAR 858-060-0050. I write today with deep respect for the Board's mission to protect the public and ensure professional standards across Oregon. While SB 1547 established the Licensed Behavioral Health and Wellness Practitioner credential, my comments focus strictly on the administrative implementation of subsection (4) regarding examination development and administration.

Drawing from prior experience in California during the establishment of the Licensed Professional Clinical Counselor (LPCC) license, I observed firsthand how essential it is to decouple state licensing standards from any single academic program. When California established the LPCC, degree requirements were aligned with established national accreditation standards. San Francisco State University—and every other state institution—contributed to the conversation, but no single university was written into rule or tasked as the standard-bearer for the exam.

I am deeply concerned that designating the Ballmer Institute as the primary developer or standard-setter for the statewide competency exam creates a structural conflict of interest and sets a concerning regulatory precedent:

1. **Institutional Neutrality and Board Independence:** The Ballmer Institute is an academic entity, not a recognized state, regional, or national accrediting body. Entrusting a single university program to develop or dictate state competency exam content abdicates the Board's duty to maintain an independent, objective examination standard for all Oregon applicants.
2. **Curricular Distortion Statewide:** Because licensing examinations directly dictate academic training requirements, anchoring the exam to one institution's model effectively allows that single institution to dictate the curriculum for every higher education program in Oregon offering this pathway. This undermines academic autonomy and limits educational diversity across state institutions.
3. **Violation of Psychometric Best Practices:** Established psychometric and licensing standards require that item generation be conducted by a geographically and institutionally diverse panel of Subject Matter Experts (SMEs) under strict confidentiality and psychometric validation. Centralizing item creation within one academic institute lacks necessary checks and balances.

Recommended Action:

I urge the Board to amend OAR 858-060-0050(4) to clarify that the competency examination shall be developed under the direct oversight of the Board through an independent, multi-institutional panel of Subject Matter Experts or an established psychometric testing vendor, ensuring an objective, ethical, and valid exam for all future Oregon practitioners.

Thank you for your leadership and dedication to high regulatory standards.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert A. Williams". The signature is fluid and cursive, with the first name "Robert" and last name "Williams" clearly distinguishable.

Robert A. Williams, Ph.D.
Provost and Executive Vice President for Academic Affairs